



Making the Turn Against Parkinson's

2019 Scholarship Application

PERSONAL INFORMATION

Candidate:

First Name	Last Name
Street Address	City, State, Zip Code
Phone	Email

Parent or Legal Guardian:

First Name	Last Name
Street Address	City, State, Zip Code
Phone	Email

ACADEMIC INFORMATION

High School	GPA
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College or University	GPA
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Street Address	City, State, Zip Code
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Street Address	City, State, Zip Code
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Academic Reference:

Name	How You Know This Person
Phone	Email

Personal Reference:

Name	How You Know This Person
Phone	Email

RELATIVE INFORMATION

Relative With Parkinson's:

Living Deceased

Name	Relationship
Street Address	City, State, Zip Code
Phone	Email

Relative's Physician:

Physician Name	Clinic Name
Street Address	City, State, Zip Code
Phone	Email

Candidate Signature Date

Parent or Legal Guardian Signature Date

By my signature above, I hereby agree to all of the following:
This application does not contain any false or misleading information. I have read and understand the eligibility criteria for the scholarship. I hereby give permission to Making the Turn to use my submission of documents and any non-confidential information contained within, as well as any pictures taken in conjunction with this scholarship in any communication or social media platform.

Please Note: Failure to provide ALL of the required documents will result in removal of your submission from consideration for the scholarship award.

Checklist:

- Completed application
- Picture of candidate and relative.
- Proof of relative's diagnosis
- Copy of MI driver's license
- Most recent college transcript -OR-
- Most recent HS transcript -AND- college acceptance letter
- A copy, screenshot, photo, or link to your creative work
- All documents must be emailed to:

scholarship@MakingTheTurnGolf.com